

## FINANCIAL AID & SCHOLARSHIP OFFICE

1000 East Victoria Street Carson, California 90747 PHONE: (310) 243-3691

CSUDH ID:	H ID: Today's Date:				
Financial Aid Document Submission Cover Sheet					
Please complete the information requested below, so	ubmit this form along with your documents.				
<b>REMINDER:</b> When uploading your documents to the <b>onl</b> Free WiFi or Public Computers as these are not secure.	ine <u>Dropbox</u> , please exercise caution when using				
Student Name:					
Toro Email Address:					
Phone Number: (Area Code) (i.e. 222-1234)					

Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.

## **SUBMISSION INSTRUCTIONS:**

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarship Office. Forms that are incomplete will remain on your To-Do-List in the Student Center.

- 1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type or sign your name and in the date space type today's date.
- 2. Save your document and be sure to include your name and CSUDH Student ID# within the file name.
- 3. If you have attachments, please have them ready to upload to the online Dropbox
- 4. Return to the <u>Financial Aid Forms</u> page > go to the <u>blue Dropbox Folders</u> section > <u>select the icon that corresponds with your last name</u> > use the "Add Files" or "drag and stuff here" option to upload your documents. <u>Emailed documents will not be accepted.</u>
- 5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660

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Student's Name:		CSUDH ID#:		
2022-2023 Non-Filing L	etter-l	Exception		
Please complete and submit this form electronically to the Financial AidDropbox located at <a href="mailto:csudh.edu/financial-aid/form">csudh.edu/financial-aid/form</a>	nancial <u>ns</u> . Ema	Aid & Schola ailed docume	arship Office us nts will not be a	sing the link to the accepted.
I was not required by federal law to file a 2020 income tax re Verification of Non-Filing Letter (VNF) and was unable to ob- following:				
Check <b>ALL</b> that apply:				
I have a Social Security Number (SSN), Employer Id Payer Identification Number (ITIN) and the IRS could Letter;	lentifica d not pr	tion Number ovide the Ver	(EIN), or Indivi ification of Nor	dualTax n- Filing
OR				
I do not have a Social Security Number (SSN);				
☐ I do not have an Individual Tax Payer Identification N	lumber	(ITIN); AND		
☐ I do not have an Employer Identification Number (Ell	N).			
Listed below are all earnings from work and sources of finar				
living expenses. If earnings are from work, I have attached of				i to the non-Tiler.
Source (Name of employer, person, agency, etc.)	<b>Type</b> (work, benefits, Family assistance, financial aid, etc.)		2020 Amount	
				-
Total Amount of Income Earned From Work		<b>Nork</b>	\$	-
Total Amount of Assistance Received		\$		
CERTIFICATION AND SIGNATURE  The person signing below certifies their information was reported on the FAFSA or California Dream Act Application for the above named student and that allof the information reported is completed and correct.		WARNING: Per the U.S. Department of Education and the State of California, if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.		
Printed Name of Non-Filer	_	Re	elationship to St	udent
Non-Filer's Signature (Required)			Date	